

August 13, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M2-03-1582-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This patient was treated by ___ for symptoms of low back pain and radiculopathy. He had previous back surgery, but it is unknown when that occurred, since it was not contained in the records sent. This patient is diagnosed with Failed Back Syndrome. Notes indicate Degenerative Disc Disease/Internal Disc Disruption, Herniated Nucleus pulposus, Spinal Stenosis, Low Back Pain, & Radiculopathy with a prognosis of poor. Few clinical notes were submitted. There is one indication of certain positions increasing pain, and of LBP increasing with sudden movements.

REQUESTED SERVICE

The purchase of an Orthotrac Pneumatic Vest is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The Orthotrac Pneumatic Vest provides pneumatic decompression as an alternative treatment for low back pain. The literature on the device, was reviewed on the internet. An article by ___ FAAOS, states that it is indicated for "any discogenic pain, mechanical low back pain, or

radicular pain diagnosis that would benefit from lumbar off-loading, and has been of more than 8 weeks duration. This includes a herniated or bulging disc, foraminal stenosis, facet syndrome, pseudoarthrosis, failed back, nerve root entrapment or impingement, degenerative disc disease, osteoarthritis, spondylolisthesis/retrolisthesis, and stable lumbar compression fractures.” The article, which is further substantiated in other web articles, such as those at Spine-Health.com, further states that candidates for an unloading device “must have mechanical LBP – mechanical LBP being defined as any low back or radicular pain that changes with different positions or activities”, and additional criteria of “symptoms increasing with walking or standing activities, decreasing with 20-30 minutes of recumbency or unloaded activities or positions, ability to stand straight (the functional position when wearing the vest), and an abdominal circumferential measurement between 24” and 57”.”

There are no documents included for review that describe the manner in which the symptoms behave, which is one of the main criteria for indication of the use of the vest. Also not indicated for review is other critical information. The contraindications for the vest include: “severely osteoporotic patients who have a history of osteoporotic fractures, hiatal hernias or severe reflux, and pregnancy – which would not be a consideration in this male patient.”

Based solely on the information presented for review, I would have to recommend denial of the purchase of this vest, because critical information which would be used in determining if this patient is a candidate for use of this device is not present.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee’s policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings,

Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 13th day of August 2003.